A. Type of Facility Reviewed	Estimated Man-days Per Year:
ICE Service Processing Center	
ICE Contract Detention Facility	
ICE Intergovernmental Service Agreement	G. Accreditation Certificates
	List all State or National Accreditation[s] received:
B. Current Inspection	
Type of Inspection	Check box if facility has no accreditation[s]
Field Office HQ Inspection	
Date[s] of Facility Review	H. Problems / Complaints (Copies must be attached)
5/22/2018 - 5/24/2018	The Facility is under Court Order or Class Action Finding
	Court Order Class Action Order
C. Previous/Most Recent Facility Review	The Facility has Significant Litigation Pending
Date[s] of Last Facility Review	Major Litigation Life/Safety Issues
5/17/2016 - 5/19/2016	Check if None.
Previous Rating	
Superior Good Acceptable Deficient At-Risk	I. Facility History
	Date Built
D. Name and Location of Facility	
Name	Date Last Remodeled or Upgraded
Caldwell County Detention Center	
Address (Street and Name)	Date New Construction / Bed space Added
280 West Main Street	
City, State and Zip Code	Future Construction Planned
Kingston, MO 64650	Date:
County	Current Bed space Future Bed space (# New Beds only)
Caldwell	Number: Date:
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	Funce.
Talashana # (Tashala Area Cada)	J. Total Facility Population
Telephone # (Include Area Code)	Total Facility Intake for previous 12 months
Field Office / Sub-Office (List Office with oversight responsibilities)	Total Facility make for previous 12 months
Kansas City	Total ICE Man-days for Previous 12 months
Distance from Field Office	Total ICE Mail-days for Previous 12 months
70 miles	
/0 шшез	
	K. Classification Level (ICE SPCs and CDFs Only)

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
/ LCI/ Detainee Rights SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Medical SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Safety SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Security SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ Medical SME / Nakamoto Group

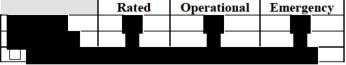
F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA
Basic Rates per Man-Day	
Other Charges: (If None, Indic	ate N/A)

L. Facility Capacity Rated

Adult Male

Adult Female



L-1

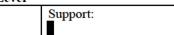
N/A

N/A

M. Average Daily Population

ICE	USMS	Other

N. Facility Staffing Level Security:



Form G-324A SIS (Rev. 7/9/07)

L-2

N/A

N/A

L-3

N/A

N/A

Significant Incident Summary Worksheet

For Nakamoto to complete its review of your facility, the following information <u>must be completed</u> prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	1 S - 3P	Р	0	Р
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	4	1	0	2
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	2	1	1	0
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	0	0	0
	# Psychiatric Cases referred for Outside Care	0	0	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders

- ² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting
- ³ Routine transportation of detainees/offenders is not considered "forced"

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large-scale incidents.

	ICE Detention Standards Review Summary Report					
	ceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Storage Access Storadords	1.	2	2	4	5
Legal	Access Standards Access to Legal Materials		2.	3.	4.	5.
1. 2.	Group Presentations on Legal Rights	\boxtimes	\square	┝┝┤		
2. 3.	Visitation	\boxtimes				
3. 4.	Telephone Access	\boxtimes		╞╞╧		
	nee Services					
5.	Admission and Release	\boxtimes				
<i>6</i> .	Classification System					
7.	Correspondence and Other Mail					
8.	Detainee Handbook					
9.	Food Service					
10.	Funds and Personal Property					
11.	Detainee Grievance Procedures	\overline{X}	〒			
12.	Issuance and Exchange of Clothing, Bedding, and Towels					
13.	Marriage Requests	$\overline{\times}$				
14.	Non-Medical Emergency Escorted Trip					
15.	Recreation	\square				
16.	Religious Practices	$\overline{\times}$				
17.	Voluntary Work Program					\boxtimes
	h Services					
18.	Hunger Strikes	\boxtimes				
19.	Medical Care	\square				
20.	Suicide Prevention and Intervention	\square				
21.	Terminal Illness, Advanced Directives and Death	\boxtimes				
Secur	ity and Control					
22.	Contraband	\boxtimes				
23.	Detention Files	\boxtimes				
24.	Disciplinary Policy	\boxtimes				
25.	Emergency Plans	\boxtimes				
26.	Environmental Health and Safety	\boxtimes				
27.	Hold Rooms in Detention Facilities	\boxtimes				
28.	Key and Lock Control	\boxtimes				
29.	Population Counts	\boxtimes				
30.	Post Orders	\boxtimes				
31.	Security Inspections	\boxtimes				
32.	Special Management Units (Administrative Segregation)	\boxtimes				
33.	Special Management Units (Disciplinary Segregation)	\boxtimes				
34.	Tool Control	\boxtimes				
35.	Transportation (Land management)	\boxtimes				
36.	Use of Force	\boxtimes				
37.	Staff / Detainee Communication (Added August 2003)	\boxtimes				
38.	Detainee Transfer (Added September 2004)	\boxtimes				

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name)	Signature
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	5/24/2018

Team Members			
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location		
, Safety SME, The Nakamoto Group, Inc.	, Medical SME, The Nakamoto Group, Inc.		
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location		
, Security SME, The Nakamoto Group, Inc.	, Medical SME, The Nakamoto Group, Inc.		

Recommended Rating:

Superior
Good
Acceptable
Deficient
🗌 At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection but is not referenced in the Standards Review Summary Report. The Standard was rated as Meets Standard for this inspection. There was one SAAPI allegation which was filed in January 2018. It involved consensual contact between a male ICE detainee and a male non-ICE detainee. The allegation was investigated by the Caldwell County Sheriff's office and determined to be unsubstantiated.

There were no ICE detainee deaths or suicide attempts during the inspection period. There were no hunger strikes.

There were no use of force incidents involving ICE detainees during the inspection period. The facility has Tasers on the equipment inventory but will not deploy them on an ICE detainee. The only chemical agent approved for use is oleoresin capsicum (OC) which is carried by trained officers. OC will be deployed on ICE detainees, if necessary. Canines are not used in the presence of ICE detainees. There were no escapes or escape attempts during the inspection period.